

(1) Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

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Street Address: _____
City, State, Zip: _____
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Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

(2) Petitioner: _____ Case Number: DO _____

**STIPULATION TO TERMINATE AN
ORDER OF ASSIGNMENT**

Respondent: _____ (3) ATLAS Number: _____

(4) We stipulate and ask the court to terminate the Order of Assignment dated _____
because the following is true or will be true by 90 days after we file this Stipulation:

(5) ☐ All past-due court-ordered amounts have been paid.

(6) ☐ All past-due court-ordered amounts have been waived.

(7) ☐ The court-ordered child support obligation has ended for all the children because:

Child's Name	Is at least 18 and not in high school	Is married	Has been adopted	Is deceased
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Other: _____

Current Child Support Order Date: _____ Monthly Amount: \$ _____

(8) ☐ The court-ordered spousal maintenance obligation has ended because:

☐ The receiving party is ☐ remarried or ☐ deceased.

☐ Other: _____

(9) [] Other: _____

(10) Paying Party's Employer or Other Payor's Name: _____
Address: _____

(11) **Petitioner's Signature:** _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Respondent's Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Attorney General's Office's Signature (*If either
parent receives Title IV-D services from DCSE*)

Printed Name: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____